

California and Western Medicine

Owned and Published by the

CALIFORNIA MEDICAL ASSOCIATION

Official Organ of the California and Nevada Medical Associations

FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

Telephone Douglas 0062

EDITOR **GEORGE H. KRESS**
Associate Editor for California **EMMA W. POPE**
Associate Editor for Nevada **HORACE J. BROWN**

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco
Advertising Representative for Southern California
A. A. BUTTERWORTH, 223 E. Fourth Street, Los Angeles

Subscription prices, \$5.00 (\$6.00 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Advertisements.—The journal is published on the seventh of the month. Advertising copy must be received not later than the 15th of the month preceding issue. Advertising rates will be sent on request.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this journal.

Leaflet Regarding Rules of Publication.—California and Western Medicine has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this journal write to its office requesting a copy of this leaflet.

EDITORIALS*

"FINAL REPORT" OF THE COMMITTEE ON THE COSTS OF MEDICAL CARE†

The Final Report of the Committee on the Costs of Medical Care.—On May 17, 1927, the Committee on the Costs of Medical Care may be said to have gotten its real start. The committee of fifty, to carry through its five-year plan of fact-finding studies, has found it necessary to expend almost one million dollars, supplied largely by eight American foundations.

We quote from a letter of date of November 12, 1932, received by the editor of CALIFORNIA AND WESTERN MEDICINE:

"In accordance with your recent telegraphic request, we are sending herewith an advance proof of the Final Report of the Committee on the Costs of Medical Care.

"We appreciate your willingness to keep the contents of the report confidential until November 30."

Because the December number of CALIFORNIA AND WESTERN MEDICINE will not be in the mails until after November 30, the following brief comments are printed. The final report of the Com-

* Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comments column, which follows.

† Publication 28: "The Final Report of the Committee on the Costs of Medical Care" may be purchased from The University of Chicago Press, Chicago, Illinois.

mittee on the Costs of Medical Care, for which an expectant medical profession has been patiently waiting for the last five years, at last is ready for publicity. The discussion thereon may last for years. Whether these fact-finding studies will bring about a radical change in medical practice is a question. Time will show.

The report of the committee was not unanimous. A minority report is signed by eight physicians. Four other members of the committee likewise sent in dissenting opinions.

The physicians and dentists who had membership in the committee included the following. (The names of those who signed the minority report are printed in italics):

Lewellys F. Barker, M. D., Baltimore, Maryland.
Walter P. Bowers, M. D., Clinton, Massachusetts.
A. C. Christie, M. D., Washington, D. C.
William Darrach, M. D., D. D. S., New York City.
George E. Follansbee, M. D., Cleveland, Ohio.
M. L. Harris, M. D., Chicago, Illinois.
J. Shelton Horsley, M. D., Richmond, Virginia.
Kirby S. Howlett, M. D., Franklin, Tennessee.
Arthur C. Morgan, M. D., Philadelphia, Pennsylvania.
Herbert E. Phillips, D. D. S., Chicago, Illinois.
Stewart R. Roberts, M. D., Atlanta, Georgia.
C. E. Rudolph, D. D. S., Minneapolis, Minnesota.
Richard M. Smith, M. D., Boston, Massachusetts.
Walter R. Steiner, M. D., Hartford, Connecticut.
N. B. Van Etten, M. D., New York City.
Robert Wilson, M. D., Charleston, South Carolina.
Rollin T. Woodyatt, M. D., Chicago, Illinois.
Olin West, M. D., Chicago, Illinois.
Ray Lyman Wilbur, M. D., Palo Alto, California.

The minority report which was signed by Doctors A. C. Christie, George E. Follansbee, M. L. Harris, Kirby S. Howlett, A. C. Morgan, Olin West, Robert Wilson, and N. B. Van Etten includes the names of colleagues with long careers of service in county, state, and national medical associations. They are not only members of the medical profession who have had extensive experience in private practice, but they are at the same time medical men who, because of their interest, aptitude, and altruistic service for organized medicine and the public health, may be pointed to as experts on matters having to do with past, present, and future trends in medical practice. Their minority report should be gauged, therefore, not so much because it expresses the viewpoint of eight as against that of thirty-six, but as having special worth because it represents a vast background of practical experience and expert knowledge on the subjects discussed in the two reports.

* * *

Portions of the Final Report Here Considered. In these present comments on this report it is our purpose to submit excerpts as follows:

1. Some quotations from the "Introduction," which is written by our fellow Californian, Dr. Ray Lyman Wilbur, chairman of the committee, who is of those in favor of the recommendations in the majority report; and who to a certain extent probably speaks on behalf of the majority.

2. The "recommendations" of the committee (that is, the digest of the "majority report") which

is printed in parallel column to the "recommendations" contained in the "minority report."

3. Some excerpts from the discussion made by the minority report members.

It is hoped that these quotations will permit members of the California Medical Association to visualize somewhat the findings and viewpoints of the majority and minority groups of the Committee on the Costs of Medical Care, as given in the final report of that committee.

* * *

Doctor Wilbur's Introduction to Publication 28—The Final Report of the Committee on the Costs of Medical Care.—From the introduction by Chairman Wilbur the following excerpts are taken:

INTRODUCTION

"Pain, sickness, and bereavement have shadowed mankind throughout the ages; today there is a vast amount of unnecessary sickness and many thousands of unnecessary deaths. . . .

"Yet medical science has made marvelous advances during the last fifty years. Following the work of Pasteur, Lister, and Koch remarkable progress has been made in controlling the communicable diseases, and the average length of life during this period has been greatly extended. . . . We know how to do many things which we fail to do or do in an incomplete and often most unsatisfactory manner. As a result of our failure to utilize most fully the results of scientific research, the people are not getting the service which they need—first, because in many cases its cost is beyond their reach, and second, because in many parts of the country it is not available. The costs of medical care have been the subject of much complaint. Furthermore, the various practitioners of medicine are being placed in an increasingly difficult position—in respect to income and facilities with which to work. The report which follows presents many phases of these various problems.

"Conscious of this unsatisfactory situation, some fifteen leaders in the fields of medicine, public health, and the social sciences came together for a conference in Washington on April 1, 1926. Various aspects of the general problem were discussed, and the organization of a committee to carry on a program of research was suggested. This group, however, was not at once willing to commit itself to such a plan. Further study was considered necessary. A Committee of Five was appointed, therefore, to investigate the possible need for a new committee. Some seventy-five prominent citizens, both professional and lay, were consulted by mail; the response was almost unanimous in favor of creating a new organization to carry on an extensive program of research in the various economic aspects of medical care. Accordingly, at a conference in Washington, D. C., May 17, 1927 (at the time of the annual meeting of the American Medical Association), which was attended by some sixty representative physicians, health officers, social scientists and representatives of the public, the nucleus of the present Committee on the Costs of Medical Care was created, and an executive committee was appointed. A director of study was immediately employed to propose a program of research for the consideration of the executive committee and to engage the necessary personnel. After considerable study, a five-year program of research, consisting of seventeen studies, was adopted by the executive committee on February 13, 1928. Important additions have since then been made to this list.

"The committee, for most of the five-year period, has consisted of fifty members, representing the fields of private practice, public health, medical institutions and special interests, the social sciences, and the general public. The committee has met regularly twice

a year; and as researches have been completed, it has studied the data thus made available. . . .

"The committee has been fortunate in securing an unusually well trained research staff; statistical assistants, secretaries, stenographers and clerks also have shown a fine devotion to their work. All have labored diligently in the production of twenty-six reports on fact-finding studies. . . .

"The committee has maintained, during the latter part of the five-year period, a small public relations staff, believing that the results of its researches would not be of greatest use unless they were brought to the attention of the various professions and agencies interested and of the general public. . . .

"The work of the committee would not have been possible had it not been for the generous support of eight foundations. They have remained in the background, but as the work of the committee has developed, they have been most helpful in providing the necessary funds. . . .

"The committee is finishing its work on time. It will have published by the end of the present year twenty-six reports on studies.† . . .

"With the present volume, the committee presents its report of recommendations. It has labored during the last two or three years to discover the implications of the facts revealed by the various studies. The recommendations in the present report are based upon the data revealed in the twenty-six major reports on fact-finding studies, in its series of miscellaneous contributions, in the reports of collaborating agencies, and in a large number of documents issued by other organizations. . . .

"Early in the committee's work it was expected that there would be one or more minority reports, and the committee makes no apology for the fact that the forty-eight members composing the committee at the close of its work have not reached a unanimous agreement on a series of recommendations. . . . It should be clearly pointed out that the majority group is responsible only for the contents of the basic report, and the minority group is responsible only for the contents of its report. The basic report together with the minority report and the personal statements are all published in the present volume. . . .

"The quality of medical care is an index of a civilization. . . . Today in American civilization, health occupies a high place among accepted social values. . . .

"Our physical and mental health is perhaps the nation's greatest asset. It behooves each community, therefore, to consider what plan will most effectively promote the health of its citizens. To each and every community in the United States which desires to provide better medical care and increased health for all of its people, the committee offers these recommendations. The report affords for the first time a scientific basis on which the people of every locality can attack the perplexing problem of providing adequate medical care for all persons at costs within their means. It is hoped that the report may thus aid materially in bringing greater health, efficiency, and happiness to all the people.

RAY LYMAN WILBUR, *Chairman.*"

* * *

Recommendations of the Majority Group (Thirty-Six Members) and Minority Group (Eight Members).—The majority and minority reports as given in the preliminary publication released on November 30 are here printed in parallel columns in order to permit comparisons by readers of CALIFORNIA AND WESTERN MEDICINE. Readers of this journal can ask themselves wherein they agree or disagree with either report.

† Twenty-three of these have been issued prior to the publication of this report; the balance are scheduled for publication before January 1, 1933.

RECOMMENDATIONS OF THE COMMITTEE*

I

The committee recommends that medical service, both preventive and therapeutic, should be furnished largely by organized groups of physicians, dentists, nurses, pharmacists, and other associated personnel. Such groups should be organized, preferably around a hospital, for rendering complete home, office, and hospital care. The form of organization should encourage the maintenance of high standards and the development or preservation of a personal relation between patient and physician.

II

The committee recommends the extension of all basic public health services—whether provided by governmental or nongovernmental agencies—so that they will be available to the entire population according to its needs. This extension requires primarily increased financial support for official health departments and full-time trained health officers and members of their staffs whose tenure is dependent only upon professional and administrative competence.

III

The committee recommends that the costs of medical care be placed on a group payment basis, through the use of insurance, through the use of taxation, or through the use of both of these methods. This is not meant to preclude the continuation of medical service provided on an individual fee basis for those who prefer the present method. Cash benefits, *i. e.*, compensation for wage-loss due to illness, if and when provided, should be separate and distinct from medical services.

IV

The committee recommends that the study, evaluation, and coordination of medical service be considered important functions for every state and local community, that agencies be formed to exercise these functions, and that the coordination of rural with urban services receive special attention.

V

The committee makes the following recommendations in the field of professional education: (a) That the training of physicians give increasing emphasis to the teaching of health and the prevention of disease; that more effective efforts be made to provide trained health officers; that the social aspects of medical practice be given greater attention; that specialties be restricted to those specially qualified; and that postgraduate educational opportunities be increased; (b) that dental students be given a broader educational background; (c) that pharmaceutical education place more stress on the pharmacist's responsibilities and opportunities for public service; (d) that nursing education be thoroughly remolded to provide well educated and well qualified registered nurses; (e) that less thoroughly trained but competent nursing aides and attendants be provided; (f) that adequate training for nurse-midwives be provided; and (g) that opportunities be offered for the systematic training of hospital and clinic administrators.

* This is the majority report.—Editor.

RECOMMENDATIONS OF THE MINORITY GROUP

I

The minority recommends that government competition in the practice of medicine be discontinued and that its activities be restricted (a) to the care of the indigent and of those patients with diseases which can be cared for only in governmental institutions; (b) to the promotion of public health; (c) to the support of the medical departments of the Army and Navy, Coast and Geodetic Survey, and other government services which cannot because of their nature or location be served by the general medical profession; and (d) to the care of veterans suffering from *bona fide* service-connected disabilities and diseases, except in the case of tuberculosis and nervous and mental diseases.

II

The minority recommends that government care of the indigent be expanded with the ultimate object of relieving the medical profession of this burden.

III

The minority joins with the committee in recommending that the study, evaluation, and coordination of medical service be considered important functions for every state and local community, that agencies be formed to exercise these functions, and that the coordination of rural with urban services receive special attention.

IV

The minority recommends that united attempts be made to restore the general practitioner to the central place in medical practice.

V

The minority recommends that the corporate practice of medicine, financed through intermediary agencies, be vigorously and persistently opposed as being economically wasteful, inimical to a continued and sustained high quality of medical care, or unfair exploitation of the medical profession.

VI

The minority recommends that methods be given careful trial which can rightly be fitted into our present institutions and agencies without interfering with the fundamentals of medical practice.

VII

The minority recommends the development by state or county medical societies of plans for medical care.

The Minority Report by A. C. Christie, George E. Follansbee, M. L. Harris, Kirby S. Howlett, A. C. Morgan, Olin West, Robert Wilson, and N. B. Van Etten.—The minority report by the above physicians covers some twenty-two pages of the advance sheets of Publication 28, which is the volume which will contain the final reports of the Committee on the Costs of Medical Care. From that minority report the following quotations are made:

A MINORITY REPORT BY A. C. CHRISTIE, GEORGE E. FOLLANSBEE, M. L. HARRIS, KIRBY S. HOWLETT, A. C. MORGAN, OLIN WEST, ROBERT WILSON, AND N. B. VAN ETEN.

"The minority group of the committee whose names are subscribed to this report are in accord with the majority in many of their conclusions and recommendations. We find ourselves, however, in conflict with what we conceive to be the general tone or trend of the report and in certain instances in sharp disagreement with the recommendations for future action. We have also certain constructive suggestions to make which have been omitted or the importance of which has not been sufficiently emphasized in the report of the majority. We regret the necessity for a minority report, but we are convinced that we would fail in our duty both to the public and to the medical profession if we did not point out as forcibly as possible what we conceive to be unwise recommendations or omissions in the majority report of this committee.

"We are in full and hearty accord with the majority in its recommendations for 'The Strengthening of Public Health Services' and 'Basic Educational Improvements,' and we agree to some extent with the pronouncements of the committee in respect to co-ordination of medical services. . . .

"Some of the recommendations for co-ordination of medical services and for basic improvements in medical education are immediately practicable and will undoubtedly result in reductions in the costs of medical care. They are in line with the general progress of medicine and are based on sound experience. Many educational improvements are under way through the initiative of the medical and dental professions and college authorities. . . .

"We are in sympathy with the recommendations of the majority which deal with the better training of specialists and their proper control. This is another matter in which the medical profession has taken the initiative. . . .

"We repeat that this minority is heartily in accord with the majority recommendations with respect to public health and progress in medical education.

"With regard to the majority Recommendations 1 and 3, dealing with 'Organization of Medical Services' and 'Group Payment for Medical Service,' the convictions of this minority are so divergent from those of the majority that they must be discussed in detail.

I. ORGANIZATION OF MEDICAL SERVICES

"The minority group recognizes the desirability of better correlation of the activities of the professions and it is in agreement with the majority upon some of the suggestions under the above heading. There is nothing, however, in the facts elicited by the committee nor in the general experience of the medical professions to lead us to believe that 'organization' can accomplish what is claimed for it in the majority report. On the contrary, it seems clear to us that many of the methods advocated will give rise to new and greater evils in the attempt to cure existing ones. Our views are set forth below under each heading of the majority report.

"1-A. *Community Medical Centers.*—The emphasis placed upon this plan which is called 'the committee's most fundamental specific proposal' we believe to be far beyond any possibility of its ultimate value. It is

admittedly an idealistic plan based almost solely upon theory. There is nothing in experience to show that it is a workable scheme or that it would not contain evils of its own which would be worse than those it is supposed to alleviate. Above all there is no evidence to prove that it would accomplish what ought to be the first object of this committee, the lessening of the costs of medical care. The plan is suggestive of the great mergers in industry, the main medical center being in the nature of the parent holding company governing the activities of subsidiaries and branches. The idea that size and power are synonymous with excellence and efficiency has received some severe blows during the current economic depression, and opinions concerning it are undergoing revision.

"The medical center plan is the adoption by medicine of the technique of big business, that is, mass production. It seems almost impossible for those who are not engaged in the practice of medicine to understand that the profession of medicine is a personal service and cannot adopt mass production methods without changing its character. It is always the individual patient who requires medical care, not diseases or economic classes or groups. The neglect of this principle in other fields has brought serious evils that are now being corrected only with great difficulty. . . .

"We look upon this plan as far-fetched and visionary. It has no practical relationship to the question the committee has set itself to solve. Placed as it is at the very beginning of the committee's recommendations it must create a doubt of the committee's grasp of the problem to which it has addressed itself. It seems to us an illustration of what is almost an obsession with many people, namely, that 'organization' can cure most, if not all, human ills.

"1-B. *Industrial Medical Service.*—It is our opinion that this question, which is of great importance, has not been adequately nor fairly dealt with in the majority report. The publications of the committee (Numbers 5, 18, and 20) which describe existing industrial medical services fail, in our opinion, to give a true picture of conditions as they exist throughout the country. For each of these favorable reports many instances could be cited of industrial medical services where the results have been exceedingly unfavorable. . . .

"It is the belief of the minority group that the majority report has presented this entire question in a distorted manner. The evils of contract practice are widespread and pernicious. The studies published by the committee show only the favorable aspects. They were selected because they were considered the most favorable examples of this type of practice in the United States. For each of these plans a score of the opposite kind can be found. The evils are inherent in the system although they may be minimized when a high-grade personnel is found either among employees or medical group, or both.

"Any method of furnishing medical care which degrades the medical profession through unfair compensation, or which breaks down its ethical standards or furnishes inferior medical service, must be condemned. It is hardly open to doubt that contract practice, as usually carried on, is such a method. . . .

"1-D. *Utilization of Subsidiary Personnel.*—This recommendation is nothing new in medical practice. It has already developed along many lines through the initiative of the medical, dental, and nursing professions. We need cite only the widespread employment of technicians in clinical laboratories, the use of dental technicians and hygienists both for laboratory and clinical work, and the extension of nursing service. . . . We wish to add a word of caution relative to the dangers involved in permitting nonmedical technicians to assume the duties which only physicians should undertake. There is constant temptation in many fields to permit technicians to perform duties entirely unjustified by their knowledge and training. Deterioration of service invariably results from such practice.

"1-E. *Private Group Clinics.*—We believe the establishment of such clinics is in line of progress when they are a natural outgrowth of local conditions. It is the belief of the minority group that the majority report gives far too much importance to the value of this type of medical practice. That it has accomplished generally or can ever accomplish what is there claimed for it is open to grave doubt. There is nothing in our own experience nor have we been able to find anything in the Committee's studies to lead us to conclude that group practice can furnish in general better or cheaper medical care than we have at present. . . .

"*Other Disadvantages to the Physician in Group Practice.*—Except for the heads of the group, freedom of action is restricted in respect to vacations, study, travel, attendance upon scientific meetings, and even publication of medical articles, by the will of the chief or chiefs of the clinic. . . .

"The plans advocated in the majority report involving groups made up of general practitioners and specialists are theoretically attractive but thoroughly impractical. . . .

"We wish to make it clear that the above discussion of group practice does not refer to the association of physicians upon the staffs of hospitals nor their contact and consultation in clinics.

"Groups of specialists as distinctive organizations are very valuable for diagnosing or treating difficult or complicated cases, but for the 85 per cent of illnesses which make up the family doctor's practice better service can be given by the individual doctor in his own office than in a clinic, and at less cost.

"It should be remembered that medical groups are subject to financial failure, just as are other business ventures. This has happened repeatedly and is not prevented by having a lay business manager in charge of finances. . . .

"It seems clear that recommendations for further trial and expansion of voluntary insurance schemes in the United States are entirely inconsistent with the committee's own findings. To recommend that our own country again experiment with discredited methods of voluntary insurance is simply to ignore all that has been learned by costly experience in many other countries as well as in our own. . . .

"It seems clear, then, that if we must adopt in this country either of the methods tried out in Europe, the sensible and logical plan would be to adopt the method to which European countries have come through experience, that is, a compulsory plan under governmental control.

"Before doing so, however, we should carefully examine this plan as it operates in Europe at present and face the objections to it. It should be remembered that compulsory systems of health insurance in European countries are still under trial. There is still no convincing proof that under these systems the costs of medical care have been reduced nor that the new evils to which they give rise are preferable to those which they are supposed to abate. . . .

"There is one aspect of any system of insurance which should be kept in mind by all students of this question, namely, that the total cost of medical care is usually increased when it is paid for through insurance. There are two reasons for this. First, the cost of operation of the insurance plan must be added to the cost of medical care. . . .

"It is our conviction that the Committee on the Costs of Medical Care would have served its stated purposes and the cause of medical progress and the people's health much better if it had taken a strong stand against all of those methods of caring for the sick which have in them the dangers and evils of 'contract practice.' By doing so they would have come to the assistance of the medical profession in a battle against forces which threaten to destroy its ideals, disrupt its organizations and completely commercialize its practice, and which are at the same time opposed to the public welfare. . . .

IV. CONCLUSION

"The problem of the payment of the various expenses that accompany disease and injury has arisen as a result of developments in the medical field, on the one hand, and of complex changes in the economic and social order on the other. . . .

"It is plain, therefore, that many of the problems which are under discussion are the general problems of a transitional stage in social development and are not peculiar to medicine or medical care. Their solution must depend upon far-reaching social and economic adjustments. They are analogous to the problems which caused great social and political unrest in the last decade of the last century and which were not settled until there was a general increase in wages to compensate for improvements in the standards of living.

"It does not seem probable to this minority group that these complex problems can be solved nor necessary social readjustments hastened by the widespread adoption of the recommendations of the majority of this committee for the group practice of medicine or group purchase of medical care.

"Our understanding of the majority report is that it offers essentially the following type of medical practice in the future: The medical profession is to be formed into large or small groups, preferably large, and these groups are to furnish medical care under some type of contract with groups of laymen, the funds to be furnished by insurance, preferably of the voluntary type. Over against this we offer medical care furnished by the individual physician with the general practitioner in a central place; with groups and clinics organized only where the nature of the situation and character of the personnel render such organization a natural development; with elimination of waste in our present methods and coördination of all existing agencies; with careful trial of new methods based upon sound experience; and with adoption of insurance methods only when they can be kept under professional control and destructive competition eliminated; all of this through a well organized, untrammelled medical profession true to the great traditions and ethical standards of the past. Centuries of progress in the conquest of disease gives us confidence that the individual and not the group should remain the unit in the practice of medicine.

"We wish to emphasize once more, in closing, our accord with the majority of the committee in their recommendations for improvements in public health service and in the scope of medical education. We would especially express our appreciation of the great value of the mass of factual data compiled by the staff and so ably summarized in the summary volume.

A. C. CHRISTIE
GEORGE E. FOLLANSBEE
M. L. HARRIS
KIRBY S. HOWLETT
A. C. MORGAN
OLIN WEST
ROBERT WILSON
N. B. VAN ETEN."

* * *

In Conclusion.—These excerpts have been printed to permit members of the California Medical Association to give early consideration to the final report of the Committee on the Costs of Medical Care. The editor takes the liberty of suggesting to the program committees of all county medical societies in the California and Nevada Medical Associations that one or more members be definitely appointed to bring in a paper or papers on this final report. It took five years to gather this factual information, and its collection cost almost \$1,000,000. It would seem self-evident, therefore, that the conclusions finally reached should be given careful consideration by

the county units of organized medicine in the United States of America. Much of whatever will come out of this effort of the Committee on the Costs of Medical Care will originate and be tried out through county medical societies. It is hoped all county units will give the report early and careful consideration.

THE COMMENTS OF THE "JOURNAL A. M. A." ON THE FINAL REPORT

Reaction of the American Medical Association.

As the revised proofs of the December CALIFORNIA AND WESTERN MEDICINE were about to be sent to the printer, we received galley proofs of comments which will appear in the editorial and medical economics columns of the December 3 *Journal of the American Medical Association*. Because they shed additional light on the work of the Committee on the Costs of Medical Care, it seems advisable to reprint here several of the paragraphs. These follow:

"This week the Committee on the Costs of Medical Care completed its five-year study and made available a final report. An abstract and analysis of the report appears under Medical Economics in this issue of THE JOURNAL. The recommendations of the majority of the committee will not come as a surprise to the thousands of physicians who have followed closely the trend of the studies as indicated by the reports published from time to time since 1927. The director of the work, Harry H. Moore, Ph. D., published a book called 'American Medicine and the People's Health,' which revealed his personal bias for insurance schemes and, indeed, for governmental practice. So definite was the trend of the committee's studies in this direction that one must view the expenditure of almost a million dollars by the committee and its final report with mingled amusement and regret. A colored boy spent a dollar taking twenty rides on the merry-go-round. When he got off, his old mammy said: 'Boy, you spent yo' money but where you been?' . . .

"Briefly, the majority report recommends that medical practice be rendered largely by organized groups associated with hospitals, and it expresses the hope that these groups will maintain the personal relationship between patient and physician so essential to good medical care. The rendering of all medical care by groups or guilds or medical soviets has been one of the pet schemes of E. A. Filene, who probably was chiefly responsible for establishing the Committee on the Costs of Medical Care and in developing funds for its promotion. Such practice has, moreover, on various occasions had the endorsement of representatives of some of the eight foundations that contributed financial support. . . .

"These two reports represent, therefore, the difference between incitement to revolution and a desire for gradual evolution based on analysis and study. The majority report urges reorganization of medical practice, the development of centers, insurance; if necessary taxation to provide funds; expansion of public health services. The minority is willing to test any plan that may be offered if it conforms to the medical conception of what is known to be good medical practice. . . .

"THE JOURNAL, under the auspices of the Board of Trustees, representative of organized medicine in this country, urges physicians to familiarize themselves with the abstract of the final report of the Committee on the Costs of Medical Care which appears in this issue, if not with the complete report. It urges, after

careful consideration, support of the minority report signed by the representatives of the American Medical Association in the committee. The alignment is clear—on the one side the forces representing the great foundations, public health officialdom, social theory—even socialism and communism—inciting to revolution; on the other side, the organized medical profession of this country urging an orderly evolution guided by controlled experimentation which will observe the principles that have been found through the centuries to be necessary to the sound practice of medicine. On the one side are alined the forces that would practice one kind of medicine for the rich, another for the wage-earner and the indigent; on the other side are the physicians who know that, from the point of view of the physician who studies bodies and minds, all are human beings. The physicians of this country must not be misled by utopian fantasies of a form of medical practice which would equalize all physicians by placing them in groups under one administration. The public will find to its cost, as it has elsewhere, that such schemes do not answer that hidden desire in each human breast for human kindliness, human forbearance and human understanding. It is better for the American people that most of their illnesses be treated by their own doctors rather than by industries, corporations or clinics. The American Medical Association, through its Board of Trustees, supports the minority report. No doubt the House of Delegates at its session in Milwaukee next June, will urge every physician affiliated with the Association to do likewise."

CALIFORNIA MEDICAL ASSOCIATION PRIZE ESSAYS

Importance of Coöperation.—Several years ago the Council of the California Medical Association authorized two annual prizes, one for the best paper on a research study and the other for the best paper on a clinical subject. The prize to each successful entrant takes the form of a \$150 purse and a neatly engrossed and framed certificate. One of the reasons the California Medical Association Council offered these prizes was to encourage younger men in the profession to present papers at the annual sessions. Last year the rules were broadened so that any paper presented at an annual session could be entered in the prize competition, provided the identity of the author was not divulged to the Committee on Prizes. A standing notice concerning these prizes is printed on advertising page 2 of every issue of CALIFORNIA AND WESTERN MEDICINE. It is stated therein that the Association Secretary will send detailed information to any member who wishes to know more concerning the conditions governing the prizes. All correspondence is held as confidential. Comment is here made concerning these annual prizes in order to emphasize the desirability of a large number of entrants, because then the Council will feel justified in sanctioning the expense involved. Last year twelve papers were submitted. It is hoped an even larger number will be sent to the committee this year. The 1933 annual session will convene at Del Monte on April 24. There is still time to act. You are invited to submit a paper. For reference to this year's prize papers, see June CALIFORNIA AND WESTERN MEDICINE, page 383, and July CALIFORNIA AND WESTERN MEDICINE, page 3.